Jorge A. Saravia MD Clinical History						
Date						
Patient's Name	Date of Birth	Age				
Spouse's Name						
Chief Complaint. Current condition. What brings you to our office today?						
How long have you had this condition? When did you first notice it?						
Do you know what could have caused it? How did it happen?						
Prior treatments for this condition? If so, what was the treatment and did it help?						
What makes your condition better? What makes it worse?						

Illness	Yes	No	Age	Describe
Diabetes				
Hypertension				
Meningitis				
High Fever				
Ear Infections				
Allergies				
Convulsions				
Head Injuries				
Other illnesses				
Hospitalizations				
Surgeries				
Other				

Review of Systems -Check appropriate box

\top					1	
+		+	+			
+		+				
+		+				
+		\perp				
\bot		\bot	0			
\bot	Incontinence	\perp	Change in strength		1 2	
	Frequency		Urgency	Ja	urning or pain	Blood in urine
uin'						
	Change in Bowel		Rectal bleeding		Constipation	Diarrhea
	Swallow difficulty		Heartburn		Shange in appetite	Nausea
asti	rointestinal					
	Chest discomfort		snoitatiqla¶	Di	Oifficulty breathing	Swelling
ard	iovascular			· · · · · · · · · · · · · · · · · · ·		
	Wheezing		Painful Breathing			
	Cough		uninds	CC	boola gninguod	Shortness of Bre
dsə	iratory				_	-
	sdwn7	\Box	nisq	Di)ischarge	Breast Feeding
reas	SJS					
Т	sdun7		Swollen Grands	p _d	nis	Stiffness
<u> </u>				ч	•	30.75
1	Sore Throat		Hoarseness	11	уклау	Non healing Sor
+	Bleeding	+	Dentures		ore Tongue	Dry Mouth
усто			<u> </u>	5		<i>p y q</i>
- Caro _L	Nosebleeds		ning ennis			
+		+	Discharge Sinus Bein	211	gnihət T	Нау Гечег
250	Stuffiness		Paredosid	S+1	Duidot	Tevel Well
əsoj			gyaada	10	nuuoannia	Cianimna
+	Flashing lights	+	2becks		Jancoma	Cataracts
_	nis4	\perp	Redness		Slurry vision	Double vision
~~ (ssoJ noisiV		Vision Changes	19	Jasses	Contacts
λęs.						
	Decreased Hearing		Ringing in Ears	IO DI	- saniase	Ear Ache
SIE						
	Неадасће		Head Injury	N	Veck Pain	
ead						
	Color Changes		Hair Changes	3N	Vail Changes	
	Kashes		sdwn7	oti	gninət	Dryness
kin						
	Trouble sleeping		Weakness			
	; [[-[
_		++	HIBO HISTOW	Fig. Charles	engita?	Fever or chills

Review of Systems.-Check appropriate box

/,6		/313		21 ²⁰	JUS CITY	
212 /	Cult Vascular		> /	\2\c\ \	Carl &	E / SE /
	Weight Loss		Weight Gain		Fatigue	Fever or chills
	Trouble sleeping		Weakness			
Musc	ruloskeletal	,	•		· · ·	
	Muscle Pain		Joint Pain		Stiffness	Back Pain
	Joint Redness		Joint Swelling		Trauma	
Neur	ologic				•	
	Dizziness		Fainting		Seizures	Weakness
	Numbness		Tingling		Tremor	
Hema	atologic					
	Eease of bruisisng		Ease of bleeding			
Endo	crine					
	Heat intolerance		Cold intolerance		Sweating	Frequent urination
	Thirst		Change in apetite			
Psycl	niatric					
	Nervousness		Stress		Depression	Memory loss
Other	•					

List all medications currently taking						
Medication	Dose	Prescribed by	Prescribed for			